

● PRINTER RUSH ●
(PTO ASSISTANCE)

Application :	Examiner :	GAU :
<u>10/780858</u>	<u>Le, Thao</u>	<u>2818</u>
From: <u>H.G.C.</u>	Location: <u>IDC</u> FMF FDC	Date: _____
Tracking #: <u>6078932</u>		Week Date: <u>2/21/05</u>

DOC CODE	DOC DATE	MISCELLANEOUS
<input type="checkbox"/> 1449	_____	<input type="checkbox"/> Continuing Data
<input type="checkbox"/> IDS	_____	<input type="checkbox"/> Foreign Priority
<input checked="" type="checkbox"/> CLM	<u>02-18-2004</u>	<input type="checkbox"/> Document Legibility
<input type="checkbox"/> IIFW	_____	<input type="checkbox"/> Fees
<input type="checkbox"/> SRFW	_____	<input type="checkbox"/> Other
<input type="checkbox"/> DRW	_____	
<input type="checkbox"/> OATH	_____	
<input type="checkbox"/> 312	_____	
<input type="checkbox"/> SPEC	_____	

[RUSH] MESSAGE: Improper Dependency:

- A) Original Claims 6 and 17 depend upon canceled original claim 5
 B) Original Claim 32 depends upon canceled original claim 31.
 Please resolve.

Thank you,
H.G.C.

[XRUSH] RESPONSE:	INITIALS:
_____	_____
_____	_____
_____	_____
_____	_____

NOTE: This form will be included as part of the official USPTO record, with the Response document coded as XRUSH.

REV 10/04